

SOS 610 N. Silver St Silver City, NM 88061 575-956-6131 575-956-6947 <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">Attson, Stephanie</div> ID: 151 DOB: 8/18/1987 Case Management Note (SOS)	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Use Note Creation Time</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Clear Time</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Set Date/Time</div> <div style="margin-bottom: 2px;">7/29/2023</div> <div>7:46 PM</div>
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Plan:

Continue accommodating client to the best of shelter abilities and prompt client to participate in programming plans.

History of Risk Factors:

- *History of Abuse:
- *History of Alcohol or Substance Abuse

Current Risk Factors:

- *Absent or Weak Support System:
- *Experiencing Severe Anxiety or Panic
- *Serious Current Medical Problems

Suicide Risk Assessment:

Stephanie denies suicidal ideas or intentions.

Suicide Risk:

Based on the absence of risk factors, Stephanie's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

Violence Risk:

Based on the risk factors reviewed, Stephanie's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

Access to Lethal Means:

Access to lethal means was discussed with Stephanie. She denies having access to lethal means at this time.

1 Unit for H2015 Comprehensive Community Support Services - TV, UH

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 7:30 PM
Session end: 7:45 PM

T.Y.

Ryan Dingess, CSW

Electronically Signed

Service Location: Turn

Audit Log

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